U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5/44	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Daniel Bryk	Name IBEW Local Union No. 42	
	Labor Organization File Number 042-349	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 18 Notch Road Ext	Street 379 Wetherell Street	
City Bolton	City Manchester	
State Connecticut ZIP Code + 4 06043	State Connecticut ZIP Code + 4 06040	
5. Position in labor organization. Organizer		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's kyrowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Wall 5 M on 8/1/05 360 646 7297		

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name IBEW Local 42 OSHE Trust Fund	Sz		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 379 Wetherell Street	c. Employer		
City Manchester			
State Connecticut ZIP Code + 4 06040			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name		:	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	Reimbursement of salary while pro- a safety training instructor for OSHE Trust Fund		
	12.b. Amount.	\$265	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment,		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4		: :	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

File Number U-

Name of Person Filing Daniel Bryk

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Northeastern Joint Apprenticeship & Training Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 210 Street 649 North Lewis Road City Limerick State Pennsylvania ZIP Code + 4 19468-1234 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 11.a. Nature of such dealing. 12.a. Nature of interest held or income received. Reimbursement of salary while providing services as a safety training instructor for the Northeastern Joint Apprenticeship and Training Fund. 1/15/04 - 253.20 2/17/04 - 253.20 7/16/04 - 292.75		
Trade Name, if any: P.O. Box, Bidg., Room No., if any Suite 210 Street 649 North Lewis Road City Limerick State Pennsylvania ZIP Code +4 19468-1234 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code +4 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Reimbursement of salary while providing services as a safety training instructor for the Northeastern Joint Apprenticable pand Training Fund. 1/15/04 - 253.20 2/17/04 - 253.20 7/16/04 - 292.75	8. Name and address of Business (including trade name, if any).	9. Business deals with:
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12.b. Amount, \$799		a safety training instructor for the Northeastern Joint Apprenticship and Training Fund. 1/15/04 - 253.20 2/17/04 - 253.20
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